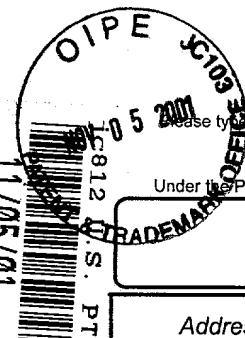


12-10-01

Reissue

Box SEQ

Please type a plus sign (+) inside this box →

PTO/SB/50 (02-01)

Approved for use through 01/31/2004. OMB 0651-0033

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

REISSUE PATENT APPLICATION TRANSMITTAL

Address to: Assistant Commissioner for Patents Box Reissue Washington, DC 20231	Attorney Docket No.	0233C3
	First Named Inventor	A. Gururaj Rao
	Original Patent Number	5,990,389
	Original Patent Issue Date (Month/Day/Year)	11/23/99
	Express Mail Label No.	EL213567149US

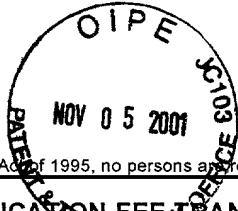
APPLICATION FOR REISSUE OF: Utility Patent Design Patent Plant Patent
(Check applicable box)

APPLICATION ELEMENTS (37 CFR 1.173)		ACCOMPANYING APPLICATION PARTS
1. <input checked="" type="checkbox"/> Fee Transmittal Form (PTO/ SB/ 56) (Submit an original, and a duplicate for fee processing) 2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. 3. <input checked="" type="checkbox"/> Specification and Claims in double column copy of patent format (amended, if appropriate) 4. <input checked="" type="checkbox"/> Drawing(s) (proposed amendments, if appropriate) 5. <input checked="" type="checkbox"/> Reissue Oath/Declaration (original or copy) (37 C.F.R. § 1.175) (PTO/SB/51 or 52) 6. <input type="checkbox"/> Power of Attorney 7. Original U.S. Patent currently assigned? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, check applicable box(es))		10. <input checked="" type="checkbox"/> Statement of status and support for all changes to the claims. See 37 CFR 1.173 (c). 11. <input checked="" type="checkbox"/> Original U.S. Patent for surrender <input checked="" type="checkbox"/> Ribboned Original Patent Grant <input type="checkbox"/> Statement of Loss (PTO/SB/55) 12. <input type="checkbox"/> Foreign Priority Claim (35 U.S.C. 119) (if applicable) 13. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations 14. <input type="checkbox"/> English Translation of Reissue Oath/Declaration (if applicable) 15. <input checked="" type="checkbox"/> Preliminary Amendment 16. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 17. Other:

18. CORRESPONDENCE ADDRESS			
<input type="checkbox"/> Customer Number or Bar Code Label <input type="checkbox"/> 27310 <small>(Insert Customer No. or Attach bar code label here)</small>		or <input type="checkbox"/> Correspondence address below	
Name			
Address			
City	State	Zip Code	Fax
Country	Telephone		

NAME (Print/Type)	Marianne H. Michel	Registration No (Attorney/Agent)	35,286
Signature	Marianne H. Michel		Date 11-5-01

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Reissue, Washington, DC 20231.



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REISSUE APPLICATION FEE TRANSMITTAL FORM				Docket Number (Optional) 0233C3				
Claims as Filed - Part 1								
Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity		
				Rate	Fee	Rate	Fee	
(A) 21	Total Claims (37 CFR 1.16(j))	(B) 21	**** 0 = x \$ _____ =	or	x \$ 18 =	0.00		
(C) 1	Independent claims (37 CFR 1.16(l))	(D) 1	* 0 = x \$ _____ =		x \$ 84 =	0.00		
Basic Fee (37 CFR 1.16(h)) \$ _____							\$ 740.00	
Total Filing Fee \$ _____					OR	\$ _____		
Claims as Amended - Part 2								
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	*** 21	MINUS	** 21	* = 0 x \$ _____ =	x \$ 18 =	0.00		
Independent Claims (37 CFR 1.16(l))	*** 1	MINUS	***** 1	= 0 x \$ _____ =	x \$ 84 =	0.00		
Total Additional Fee \$ _____					OR	\$ 0.00		
<p>* If the entry in (D) is less than the entry in (C), Write "0" in column 3.</p> <p>** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.</p> <p>*** After any cancellation of claims.</p> <p>**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).</p> <p>***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p>								
<p><input type="checkbox"/> Applicant claims small entity status See 37 CFR 1.27.</p> <p><input checked="" type="checkbox"/> Please charge Deposit Account No. <u>16-1852</u> in the amount of <u>\$740.00</u>. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. <u>16-1852</u>. A duplicate copy of this sheet is enclosed.</p> <p><input type="checkbox"/> A check in the amount of \$ _____ to cover the filing / additional fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p>								
<p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p>								
<u>11-05-01</u> Date				 Signature of Applicant, Attorney or Agent of Record				
				<u>Catherine D. Brooke</u> Typed or printed name				

"EXPRESS MAIL CERTIFICATE"

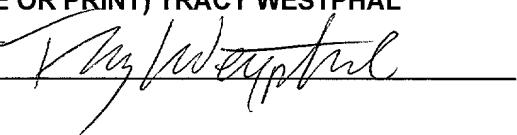
"EXPRESS MAIL" MAILING LABEL NUMBER EL213567149US

DATE OF DEPOSIT NOVEMBER 5, 2001

**I HEREBY CERTIFY THAT THIS PAPER OR FEE IS BEING DEPOSITED
WITH THE UNITED STATES POSTAL SERVICE "EXPRESS MAIL POST
OFFICE TO ADDRESSEE" SERVICE UNDER 37 CFR 1.10 ON THE DATE
INDICATED ABOVE AND IS ADDRESSED TO THE ASSISTANT COMMISSIONER
FOR PATENTS, BOX PATENT APPLICATION, WASHINGTON, DC 20231.**

**NAME OF PERSON MAILING PAPER OR FEE
(TYPE OR PRINT) TRACY WESTPHAL**

SIGNATURE



Attorney Docket No. 0233C3

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Rao et al. Date: November 5, 2001

Patent No.: 5,990,389 Group Art Unit: 1649

Issued November 23, 1999 Examiner: Kimball, M.

For: High Lysine Derivatives of α -Hordothionin

Assistant Commissioner for Patents
Washington, D.C. 20231

**STATEMENT TO SUPPORT FILING AND SUBMISSION IN ACCORDANCE
WITH 37 CFR §§1.821 THROUGH 1.825**

I hereby state that the contents of the paper and computer readable copies of the Sequence Listing, submitted in accordance with 37 CFR §1.821(c) and (e), respectively, are the same.

I hereby state that the submission filed in accordance with 37 CFR §1.821(g) does not include new matter.

I hereby state that the submission filed in accordance with 37 CFR §1.821(h) does not include new matter or go beyond the disclosure in the international application as filed.

I hereby state that the amendments, made in accordance with 37 CFR §1.825(a), included in the substitute sheet(s) of the Sequence Listing are supported in the application, as filed, at pages _____. I hereby state that the substitute sheet(s) of the Sequence Listing does (do) not include new matter.

- I hereby state that the substitute copy of the computer readable form, submitted in accordance with 37 CFR §1.825(b), is the same as the amended Sequence Listing.
- I hereby state that the substitute copy of the computer readable form, submitted in accordance with 37 CFR §1.825(d), is identical to that originally filed.

Respectfully submitted,



Catherine D. Brooke
Agent for Applicant(s)
Registration No. 44,041

PIONEER HI-BRED INTERNATIONAL, INC.
Corporate Intellectual Property
7100 N.W. 62nd Avenue
P.O. Box 1000
Johnston, Iowa 50131-1000
Phone: (515) 248-4819
Facsimile: (515) 334-6883